

# The Antitrust Analysis of IPAs

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**FTC Hearings on Health Care** 

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## The Purpose of Antitrust Law

- Prevent private business practices that <u>unreasonably</u> restrain competition
- For the benefit of consumers:
  - Lower prices
  - Better quality products and services
  - Increased choice, selection, convenience, and innovation

# **The Statutory Provisions**

- Sherman Act (1890)
  - Section 1 -- prohibits "every contract, combination
     ... or conspiracy in restraint of trade"
  - Section 2 -- makes it unlawful for a company to "monopolize, or attempt to monopolize, or combine or conspire . . . to monopolize" trade
- Federal Trade Commission Act (1914)
  - Section 5 -- prohibits "unfair methods of competition"

#### Antitrust Concerns Related to Physician Collective Negotiations

1. The Cartel Problem

Agreements among otherwise competing physicians on price, or collective refusals to deal, without integrating the members' activities

- Financial integration
- Clinical integration
- 2. The Monopoly Problem

Integrated, but with substantial market power

## Arizona v. Maricopa County Medical Society (1982)

- Supreme Court made clear that physicians in independent practices are supposed to compete
- When they don't, by collectively setting the prices at which they sell their individual physician services, they can be guilty of illegal price fixing

## Maricopa

"The agreement under attack is an agreement among hundreds of doctors concerning the price at which each will offer his own services to a substantial number of consumers . . . [T]he fee agreements . . . are among independent competing entrepreneurs. They fit squarely into the horizontal price-fixing mold." (pp. 356-57)

#### **Maricopa & Financial Integration**

 To avoid condemnation as an illegal pricefixing conspiracy, the Supreme Court said, the agreement needs to be:

"... analogous to partnerships or other joint arrangements in which persons who would otherwise be competitors pool their capital and share risks of loss as well as the opportunities for profit." (p. 356)

## **Financial Integration**

- Some examples:
  - Capitation
  - Percentage of premium or revenue
  - Withholds
  - Global fees or all-inclusive case rates
- Financial integration is not an end in itself
- The goal is to create a meaningful prospect of:
  - Improving efficiency in the delivery of care
  - Reducing costs
  - Better managing utilization, or
  - Improving the quality of care

### **Clinical Integration**

- An active and on-going program to evaluate and modify the practice patterns of physicians and create a high degree of interdependence and cooperation to control costs and ensure quality
- The goal is to create a meaningful prospect of:
  - Improving efficiency in the delivery of care
  - Reducing costs
  - Better managing utilization, or
  - Improving the quality of care
- Even if there is some "clinical integration," any price agreement must be reasonably necessary to realize the efficiency goals

#### **Some Recent Trends?**

- Larger physician groups
- Often aligned with hospitals
- Reliance on agents
- Movement away from narrow HMOs to broader panel, less restrictive PPOs